| E 104 | 0 | U.S. Individual Income Tax Return 2009 (99) IRS Use Only - Do no | ot write | or staple in this space. |
|-----------------------------|-----------|---|--|--|
| Label | For | the year Jan. 1-Dec. 31, 2009, or other tax year beginning , 2009, ending , 20 | | OMB No. 1545-0074 |
| (See | L | our first name and initial Last name | | Your social security number |
| instructions | A (| CARL M. LEVIN | | and the same of the same of the same of |
| on page 14.) | B | a joint return, spouse's first name and initial Last name | | Spouse's social security number |
| Use the IRS | L I | BARBARA LEVIN | | Continues of an age of |
| label. | н | ome address (number and street). If you have a P.O. box, see page 14. |). | You must enter |
| Otherwise, | Ë R | | | ▲ your SSN(s) above.▲ |
| please print or type. | R C | ity, town or post office, state, and ZIP code. If you have a foreign address, see page 14. | | Checking a box below will not |
| Presidential | | | | change your tax or refund. |
| Election Camp | oaign | Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) | <u> </u> | X You X Spouse |
| Filing Statu | s 1 | Single A Head of household (with q X Married filing jointly (even if only one had income) person is a child but not you | | ng person). If the qualifying pendent, enter this child's |
| Check only | 3 | Married filing separately. Enter spouse's SSN above name here. ▶ | | |
| one box. | | and full name here. 5 Qualifying widow(er) with | depen | |
| Exemptions | | X Yourself. If someone can claim you as a dependent, do not check box 6a | | Boxes checked 2 |
| Exemptions | ' t | X Spouse | as /an | No. of children on 6c who: |
| | (| | (4) v H qu ing child child lax c | |
| | | (1) First name Last name security number you | (see page | you due to divorce |
| | | | | or separation (see page 18) |
| If more than four | | | | Dependents on 6c |
| dependents, see page 17 and | | : : | | not entered above |
| check here 🕨 | | | | Add numbers on lines |
| | d | | T | above 🚩 💪 |
| Income | 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 146,987. |
| Attach Form(s) | 8a | 1 .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 8a | 104. |
| W-2 here. Also | b | Tax-exempt interest. Do not include on line 8a 8b 35. | 7 | |
| attach Forms W-2G and | 9a | t 1 | 9a | |
| 1099-R if tax | Ь | Qualified dividends (see page 22) | ┥, | |
| was withheld. | 10 | Taxable refunds, credits, or offsets of state and local income taxes STMT 2 STMT 3 | 10 | 0. |
| | 11 | Alimony received STMT 6 | 11 | |
| If you did not | 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| get a W-2, | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | 13 | |
| see page 22. | 14 | Other gains or (losses). Attach Form 4797 | 14 | 8,994. |
| Enclose, but do | 15a | | 15b | |
| not attach, any | | Pensions and annuities 16a b Taxable amount | 16b | 26,053. |
| payment. Also, | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 20,055. |
| please use Form 1040-V. | 18 | Farm income or (loss). Attach Schedule F Unemployment compensation in excess of \$2,400 per recipient | 19 | |
| | 19 | (see page 27) Social security benefits [20a] 41,855.] b Taxable amount (see page 27) | 20b | 35,577. |
| | 20a 21 | Other transport (see a see a OO) | 200 | 33,377. |
| | 21 | Other income, List type and amount (see page 29) | 21 | |
| | 22 | Add the amounts in the far right column for lines 7 through 21. This is your total income | 22 | 217,715. |
| | 23 | | | 1 22,7,23, |
| Adjusted | 24 | Educator expenses (see page 29) Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 23 24 | | |
| Gross | 25 | Health savings account deduction. Attach Form 8889 25 | 1 | |
| ncome | 26 | Moving expenses. Attach Form 3903 26 | 1 | |
| | 27 | One-half of self-employment tax. Attach Schedule SE 27 |] | |
| | 28 | Self-employed SEP, SIMPLE, and qualified plans 28 | | |
| | 29 | Self-employed health insurance deduction (see page 30) 29 | | |
| | 30 | Penalty on early withdrawal of savings 30 | | |
| | 31a | Alimony paid b Recipient's SSN ▶ ; 31a | ĺ | |
| | 32 | IRA deduction (see page 31) 32 | · | |
| | 33 | Student loan interest deduction (see page 34) 33 | | |
| | 34 | Tuition and fees deduction. Attach Form 8917 34 | | |
| | 35 | Domestic production activities deduction. Attach Form 8903 35 , | | 1 |
| | 36 | Add lines 23 through 31a and 32 through 35 | 36 | · |
| 10001 0-20-09 | 37 | Subtract line 36 from line 22. This is your adjusted gross income | 37 | 217,715. |

37 Subtract line 36 from line 22. This is your adjusted gross income

| Form 1040 (200 | 9) (| CARL M | í. | & BARBAR | A LEV | IN | | 4 | Allen and Carlo | | | Page 2 |
|------------------------------------|-----------------|----------------------------------|---------------|--|---------------------------------------|---|---|---|---|--------------|----------|-------------------------------------|
| Tax and | 38 | Amount fr | rom l | line 37 (adjusted gr | ross income | :} | | - | | | 38 | 217,715. |
| Credits | | a Check | | X You were bor | | | Blind. | Total bo | oxes | | | |
| Standard | 7 | if: | | X Spouse was t | | | | | | 2 | | |
| Deduction for - | 1. | | ` | mizes on a separate re | | | _ | | | | 1 | |
| People who | _ | | | | | | | | ••••• | | 40a | 55,527. |
| check any box on line | Γ 40 | If you are inc | creasi | etions (from Scheling your standard ded ach Schedule L and ch | uction by cert | ain real estate taxes, | new motor vehicle | taxes, or a n | iet 🛌 🖍 | | 700 | 33/32/ |
| 39a, 39b, or 40b 0 1 who | | | | | | | | | | | 41 | 162,188. |
| can be claimed as a | 41 | Subtractin | .118 41 14 | Oa from line 38 f line 38 is \$125,10 | | d vou did not neo | uida hayaina ta | Midwaat | ore displaced in | disidual | | 102,100. |
| dependent. | 42 | • | | | | • | - | | | | 10 | 7,300. |
| | ١., | | | 0 by the number of | | | | | | | 42 | 154,888. |
| | 43 | | | ne. Subtract line 42 | | _ | | | | | 43 | 31,632. |
| All others; | 44 | | | ny tax is from: a | | | | | | | | 327. |
| Single or Married filing | 45 | | | nimum tax. Attach | 1 Form 6251 | | | • | | | 45 | |
| separately, | 46 | Add lines 4 | | | | | | 11 | | • | 46 | 31,959. |
| \$5,700 Married filing | 47 | | | dit. Attach Form 11 | | | | | | | - | |
| jointly or | 48 | | | and dependent ca | | | | | | | | |
| Qualifying widow(er), | 49 | | | its from Form 886 | | | | | | | | |
| \$11,400 | 50 | | | ings contributions | | | | | | | . | |
| Head of household, | 51 | Child tax co | redit | (see page 42) | <u></u> | <u></u> | | 51 | | | | |
| \$8,350 | 52 | | | orm: a 8396 | | 1839 c 56 | | | | | | |
| | 53 | Other credi | its fr | om Form: a 🔙 |] 3800 b | 8801 c | | 53 | | |] | |
| | 54 | Add lines 4 | 47 th | rough 53. These a | re your <mark>total</mark> | credits | | | | ••••• | 54 | |
| | 55 | Subtract lin | ne 54 | 4 from line 46. If lin | ne 54 is mor | e than line 46, ent | er -0- | | | > | 55 | 31,959 . |
| Other | 56 | Self-emplo | yme: | nt tax. Attach Sche | dule SE | | | | | | 56 | |
| Taxes | 57 | Unreported | d soc | cial security and Me | edicare tax f | rom Form: a 🔙 | 4137 b | 8919 | | | 57 | |
| | 58 | Additional 1 | tax o | n IRAs, other qual | ified retirem | ent plans, etc. Atta | ach Form 5329 i | f required | *************************************** | | 58 | |
| | 59 | Additional t | taxes | s: a 🔲 AEIC pa | yments b | X Household | employment taxe | es. Attach | Schedule H | | 59 | 783 <u>.</u> |
| | 60 | Add lines 5 | 55 thi | rough 59. This is y | our total tax | c · | | | | | 60 | 32,742. |
| Payments | 61 | Federal inc | ome | tax withheld from | Forms W-2 | and 1099 | | 61 | 45 | ,491. |] | STATEMENT 8 |
| | 62 | 2009 estim | iated | tax payments and | amount app | olied from 2008 re | eturn | 62 | | | | |
| | 63 | Making wo | rk pa | ay and government | t retiree cred | lits. Attach Sched | ule M | 63 | | | | |
| If you have | _64a | Earned inc | ome | credit (EIC) | | | | 64a | | | | |
| a qualifying child, attach | b | Nontaxable | com | nbat pay election | | 64b | | | | | | |
| Schedule EIC. | 65 | Additional of | child | tax credit. Attach f | Form 8812 | | | 65 | | | | |
| | 66 | | | cation credit from | | | | | | | | |
| | 67 | First-time h | iome | buyer credit. Attac | h Form 540 | 5 | | 67 | | | | |
| | | | | th request for exte | | | | | | | | |
| | | | | scurity and tier 1 R | | | | 69 | | | | |
| | | Credits fron | | | | 6 c X 8801 d | | 70 | | 17. | | |
| | 71 | Add lines 6 | 1, 62 | 2, 63, 64a, and 65 t | through 70. | These are your to | tal payments | | | > | 71 | 45,508. |
| Refund | | | | e than line 60, sub | | | | ou overpa | aid | | 72 | 12,766. |
| Direct deposit? | 73 a | Amount of I | line 7 | 72 you want refund | led to you. | lf Form 8888 is at | tached, check he | ere | > | | 73a | 12,766. |
| See page 73 and fill in 73b, | ► b. | Routing Aumber | | ▶ c 7) | · · · · · · · · · · · · · · · · · · · | | Account des | | | | | |
| 73c, and 73d, or Form 8888. | | | line 7 | 72 you want applie | d to your 20 | 010 estimated tax | < ▶ | 74 | | | | |
| Amount | | | | e. Subtract line 71 | | | | age 74 | | ▶ | 75 | |
| You Owe | 76 | Estimated ta | ax pe | enalty (see page 74 | 1) | | | 76 | | | | |
| Third Part | | you want t | o allo | ow another person | to discuss | this return with th | e IRS (see page | 75)? | X Yes, Comp | olete the fo | llowing | . No |
| Designee | Des nar | ignee's ►HA | \R(| OLD GROSS | BART | | Phone no. | | <u>-372-73</u> | 500 | number (| |
| Sign | Under and co | penalties of permotete. Declar | erjury | , I declare that I have a n of preparer (other tha | examined this in taxoaver) is | return and accompa- based on all informa | nying schedules an tion of which prepa | d statement rer has any i | s, and to the best knowledge. | of my knewl | edge and | d belief, they are true, correct, |
| Here | | our signature | | | | Date | Your occupation | | | | Dayti | me phone number |
| Joint return? See page 15. | | | | | | | SENATOR | <u> </u> | | | | - The house |
| Keep a copy for your | y : | Spouse's signa | ature. | . If a joint return, both | must sign. | Date | Spouse's occup | ation | | • | | . — |
| records. | | | | | | | RETIREL | | | | | |
| Paid | Prepar | | | | | | 1 | Date | Check if | | Preparer | 's SSN or PTIN |
| Preparer's | signatu | ne | H | IAROLD GR | OSSBA | RT | | 5/24 | /10 employe | | | |
| Use Only | Firm's | name (or | _ | BAKER TI | LLY V | IRCHOW K | RAUSE, | LLP | | EIN | | and the second second second second |
| | yours i | self-em- | | ONE TOWN | E SQU | ARE, SUI | TE 600 | | | Phone r | 10:24E | 3-372-7300 |
| 910002 10-20-09 | and Zif |), address, ^o code | | SOUTHFIE | LD, M | I 48076 | | | | | | |

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040 Attach to Form 1040.

Itemized Deductions

See Instructions for Schedule A (Form 1040).

2009
Attachment
Sequence No. 07

CARL M. & BARBARA LEVIN Medical Caution. Do not include expenses reimbursed or paid by others. and Medical and dental expenses (See page A-1.) Dental Enter amount from Form 1040, line 38 _________2 Expenses Multiply line 2 by 7.5% (.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-Taxes You State and local (check only one box): Paid 11,738. a X Income taxes, or 5 b General sales taxes (See page A-2.) 4,390. 6 Real estate taxes (See page A·5.) New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b Other taxes. List type and amount _____ SEE STATEMENT 9 3,176 19,304. Add lines 5 through 8 Interest Home mortgage interest and points reported to you on Form 1098 10 Home mortgage interest not reported to you on Form 1098. If paid to the person You Paid from whom you bought the home, see page A-7 and show that person's name, (See identifying no., and address page A-6.) Note. 11 Personal Points not reported to you on Form 1098 12 12 interest is Qualified mortgage insurance premiums (See page A-7.) 13 13 not deductible. Investment interest. Attach Form 4952 if required. (See page A-8.) 14 Add lines 10 through 14 15 32,747. Gifts to Gifts by cash or check SEE STATEMENT 10 16 Charity Other than by cash or check. If any gift of \$250 or more, see page A-8. If you made a You must attach Form 8283 if over \$500 17 gift and got a benefit for it, Carryover from prior year ________18 see page A-8. 19 32,747. Add lines 16 through 18 Casualty and Theft Losses Casualty or theft loss(es), Attach Form 4684, (See page A-10.) Unreimbursed employee expenses - job travel, union dues, job education, etc. Job Expenses and Certain Attach Form 2106 or 2106-EZ if required. (See page A-10.) Miscellaneous Deductions ______ 985 Tax preparation fees 23 Other expenses - investment, safe deposit box, etc. List type and amount ▶EXPENSES FOR MEMBER OF (See page A-10.) 7,354 8,339 24 Add lines 21 through 23 4.354 Multiply line 25 by 2% (.02) 3.985. Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 Other Other - from list on page A-11. List type and amount 28 Miscellaneous Deductions Total Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)? Itemized No. Your deduction is not limited. Add the amounts in the far right column **Deductions** for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. STMT 11▶ 55,527. X Yes. Your deduction may be limited. See page A-11 for the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here

| Worksheet | Before you begin: You cannot take this deduction if the amount | on Form 1040, line 38, is equal to | o or greater than \$135,000 |
|----------------------------|---|------------------------------------|-----------------------------|
| for Line 7 - | (\$260,000 if married filing jointly). | | |
| New motor vehicle | See the instructions for line 7 on page A-6. | | |
| taxes | 1 Enter the state or local sales or excise taxes you paid in 2009 | | |
| | for the purchase of any new motor vehicle(s) after February 16, | | |
| | 2009 (see page A·6) | . 1 | |
| Use this | | | : |
| worksheet to figure the | 2 Enter the purchase price (before taxes) of the new motor vehicle(s) | 2 | |
| amount to enter on | 3 Is the amount on line 2 more than \$49,500? | | |
| line 7. | No. Enter the amount from line 1. | | |
| | Yes. Figure the portion of the tax from line 1 | | |
| (Кеер а сору | that is attributable to the first \$49,500 | | 3 |
| for your | of the purchase price of each new motor | | |
| records.) | vehicle and enter it here (see page A-6). | | |
| 1000103.7 | verlicis and effici it here (asso page A o). | | |
| | 4 Enter the amount from Form 1040, line 38 | 4 | |
| | 4 Enter the amount from 1040, line 30 | 1 2 2 2 2 | ∃ " : |
| | 5 Enter the total of any - | A.L.C. | 1.1.11 |
| | • Amounts from Form 2555, lines 45 and 50; | | |
| | Form 2555-EZ, line 18; and Form 4563, line 15, | 5 | |
| | and | | - |
| | Exclusion of income from Puerto Rico | | |
| | Exclusion of income from Puerto Aico | | |
| | O Add Sons A and E | [] | |
| | 6 Add lines 4 and 5 | 6 | - |
| | 7 F-1 \$100 000 (\$000 000 (\$ | | |
| | 7 Enter \$125,000 (\$250,000 if married filing jointly) | 7 | 1 |
| | O to the assessment on the Oscare than the assessment on the 70 | | |
| | 8 Is the amount on line 6 more than the amount on line 7? | | |
| | No. Enter the amount from line 3 above on Schedule A, | | |
| | line 7. Do not complete the rest of this worksheet. | | |
| | Yes. Subtract line 7 from line 6 | 8 | |
| | | | |
| | 9 Divide the amount on line 8 by \$10,000. Enter the result as a | | |
| | decimal (rounded to at least three places). If the result is 1.000 | 1 2 2 2 | [.] |
| | or more, enter 1.000 | 9 | - . |
| | | | |
| • | 10 Multiply line 3 by line 9 | | 10 |
| | | | |
| • | 11 Deduction for new motor vehicle taxes. Subtract line 10 from line | 3. Enter the result here | |
| | and on Schedule A, line 7 | | 11 |

SCHEDULE B

Name(s) shown on return

(Form 1040A or 1040)
Department of the Treasury
Internal Revenue Service

Attach to Form 1040A or 1040.

Interest and Ordinary Dividends

► See instructions.

OMB No. 1545-0074
2009
Attachment
Sequence No. 08

Your social security number

CARL M. & BARBARA LEVIN Amount Part I 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the Interest property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address 35. FIDELITY # 1 10. NATIONAL CAPITAL BANK U.S. SENATE FEDERAL CREDIT UNION 89. FROM K-1 - LRS COMPANY Note. If you received a Form 1099 INT. Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 139. SUBTOTAL FOR LINE 1 -35. TAX-EXEMPT INTEREST 104. 2 2 Add the amounts on line 1 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 104. Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 4 Note. If line 4 is over \$1,500, you must complete Part III. Amount Part II 5 List name of payer > Ordinary Dividends Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a Note. If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign Yes No Foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. 7a At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing Accounts and Х requirements for Form TD F 90-22.1 Trusts b If "Yes," enter the name of the foreign country 8 During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? 927501 10-20-09 If "Yes," you may have to file Form 3520. See page B-2

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service ▶ Attach to Form 1040, 1040NR, or Form 1041.

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

➤ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

Attachment Sequence No. 13

Name(s) shown on return

(99)

Your social security number

| | ARL M. & BARBARA LEVIN | | | | | | | Alamanda ay ay MA |
|----|---|----------------|------------------------------------|--------------|--------|---|---------------|---------------------|
| | Part I Income or Loss From Ren | | | | | | | l property, use |
| _ | Schedule C or C-EZ (see page E-3). If y | | | al income o | | | | [24] |
| _ | List the type and address of each rental real esta | | · | | | h rental real estate | | Yes No |
| F | | | | | | 1, did you or your the tax year for per | | |
| _ | | 33,483 | | | | e than the greater | | A X |
| E | | | | | • 14 (| days or | | |
| | | | | | | of the total days r | ented at fair | В |
| C | | | * | | | al value? ige E-3) | | С |
| | <u> </u> | | 1 | Propert | | igo E oj | | Totals |
| lr | come: | | A | В | .103 | С | (Add col | umns A, B, and C.) |
| 9 | Panto received | 3 | 14,400. | | | | 3 | 14,400. |
| 3 | Rents received Royalties received | 4 | 14,400. | | | | 4 | 11,1001 |
| F | xpenses: | " | · · | | | | | |
| | Advertising | 5 | | | | | | |
| 6 | Auto and travel (see page E-4) | 6 | | | | | | |
| 7 | | 7 | | | | | | |
| R | Commissions | 8 | | | | | | |
| 9 | Insurance | 9 | 621. | | | | | |
| 10 | | 10 | | *** | | | | |
| 11 | | 11 | ` | | | | | |
| 12 | Mortgage interest paid to banks, etc. | | | | | | | |
| | (see page E-5) | 12 | | | | | 12 | |
| 13 | Other interest | 13 | | | | | | |
| 14 | | 14 | | | | | | |
| 15 | <u> </u> | 15 | | | | | | |
| 16 | Taxes | 16 | 2,190. | | | | | |
| 17 | 44.35-4 | 17 | 1,161. | - | | | | |
| 18 | Other (list) > | | | | | | | |
| | SEE STATEMENT 13 | | 1,453. | | | | : | |
| | | 18 | | | | | _ . | |
| | | 10 | | | | | | |
| | | | | | | | _ | |
| | | | | | | | | |
| 19 | Add lines 5 through 18 | 19 | 5,425. | | | | 19 | 5,425. |
| | Depreciation expense or depletion (see page E-5) | 20 | 531. | | | | 20 | 531. |
| 21 | Total expenses. Add lines 19 and 20 | 21 | 5,956. | | | | | |
| 22 | Income or (loss) from rental real estate | | | | | | | |
| | or royalty properties. Subtract line 21 | | | | | | 1.18.7 | |
| | from line 3 (rents) or line 4 (royalties). | | | | | | | |
| | If the result is a (loss), see page E-5 to | | 0.444 | | | | | |
| | find out if you must file Form 6198 | 22 | 8,444. | | | | | |
| 23 | Deductible rental real estate loss. Caution. | | | | | | | |
| | Your rental real estate loss on line 22 may | | | | | | | |
| | be limited. See page E-5 to find out if you | | | | | | | |
| | must file Form 8582. Real estate professionals | | | | | | | |
| | must complete line 43 on page 2 | 23 | <u> </u> | | Ж | | ,, | 8,444. |
| | Income. Add positive amounts shown on line 22. D | | | total lana- | | ••••••• | 24 | <u> </u> |
| | Losses. Add royalty losses from line 22 and rental | | | | | | 25 (| |
| | Total rental real estate and royalty income or (los | • | | | я¢. | | | |
| | lf Parts II, III, IV, and line 40 on page 2 do not apply line 17, or Form 1040NR, line 18. Otherwise, includ | | | | | | 26 | 8,444. |
| | mio ir, or rothi rogorti, isio io. Ottici wat, liicidt | A 11119 C | anomicas ale tetas ett illie 4 f C | page Z | | | 20 | <i>∪ 1</i> <u> </u> |

Schedule E (Form 1040) 2009 Attachment Sequence No. 13 Name(s) shown on return. Do not enter name and social security number if shown on page 1. Your social security number CARL M. & BARBARA LEVIN Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Part II Income or Loss From Partnerships and S Corporations Note, If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1. 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a X Yes □No passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see page E-7 before completing this section. (b) Enter P for (c) Check partnership; S if foreign partnership (e) Check if (d) Employer 28 (a) Name identification number LRS COMPANY AT RISK CARRYOVER P В LEVINSON-LEVIN PROPERTIES, LLC P D Passive Income and Loss Nonpassive Income and Loss (f) Passive loss allowed (h) Nonpassive loss (i) Section 179 expense (g) Passive income (j) Nonpassive income (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 deduction from Form 4562 from Schedule K-1 1. В 4 17,614 C D 17,614 Totals 29a b Add columns (g) and (j) of line 29a 17.614 30 30 Add columns (f), (h), and (i) of line 29b 31 31 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the 17,609. result here and include in the total on line 41 below Part III Income or Loss From Estates and Trusts (b) Employer 33 (a) Name identification number В Passive Income and Loss Nonpassive Income and Loss (f) Other income from (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 Schedule K-1 Α В 34a Totals Totals Add columns (d) and (f) of line 34a 35 35 Add columns (c) and (e) of line 34b 36 36 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder (d) Taxable income (net (c) Excess inclusion from (e) Income from (b) Employer loss) from Schedules Q, 38 (a) Name Schedules Q, line 3b identification number Schedules Q, line 2c Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 Part V | Summary Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40 26,053 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 41 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8) 43 Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules

Form 6198

(Rev. November 2009)
Department of the Treasury
Internal Revenue Service
Name(s) shown on return

At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. 31

Identifying number

CARL M. LEVIN

| | KD M • DEVIN | | | |
|------|--|----------|-------------------------|---|
| | S COMPANY | | | |
| | Int I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 | 2 of th | e instru | ctions. |
| 1 | Ordinary income (loss) from the activity (see page 2 of the instructions) | | | -3,364. |
| 2 | Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) | | | |
| _ | that you are reporting on: | | | |
| а | Schedule D | 1 | | |
| b | Form 4797 | | | |
| C | Other form or schedule | 20 | | |
| 3 | Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, | | | |
| | that were not included on lines 1 through 2c | 3 | | 5. |
| 4 | Other deductions and losses from the activity, including investment interest expense allowed from | | | |
| | Form 4952, that were not included on lines 1 through 2c | 4 | (| |
| 5 | Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing | | | |
| | | 5 | | -3,359. |
| Pa | the rest of this form rt II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing | g this | part. | |
| 6 | Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) | | | |
| | on the first day of the tax year. Do not enter less than zero | 6 | | 0. |
| 7 | Increases for the tax year (see page 3 of the instructions) | | | |
| 8 | Add lines 6 and 7 | 8 | | |
| 9 | Decreases for the tax year (see page 4 of the instructions) | 9 | | |
| 10 a | Subtract line 9 from line 8 | | 1 | |
| þ | If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). | | | |
| | Otherwise, enter -0- and see Pub. 925 for information on the recapture rules | 10b | | |
| Pa | rt III Detailed Computation of Amount At Risk. | | | |
| | If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions. | | | |
| 11 | Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less | 4 | | |
| | than zero | 11 | | |
| 12 | Increases at effective date | 12 | | |
| 13 | Add lines 11 and 12 | 13 | | |
| 14 | Decreases at effective date | 14 | | |
| 15 | Amount at risk (check box that applies): | | | |
| a | At effective date. Subtract line 14 from line 13. Do not enter less than zero. | | | |
| b | From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form. | 15 | | |
| 16 | Increases since (check box that applies): | | | |
| a | Effective date b The end of your prior year | 16 | | |
| 17 | Add lines 15 and 16 | 17 | | |
| 8 | Decreases since (check box that applies): | | | |
| a | Effective date b The end of your prior year | 18 | ļ | |
| | Subtract line 18 from line 17 | | | |
| b | If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter | | 1 | |
| | -O- and see Pub. 925 for information on the recapture rules | 19b | | |
| Par | t IV Deductible Loss | | | |
| 20 | Amount at risk, Enter the larger of line 10b or line 19b | 20 | <u> </u> | <u> </u> |
| ?1 | Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions | | | _ |
| | to find out how to report any deductible loss and any carryover SEE STATEMENT 15 | 21 |](| 0.7 |
| | Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or to Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever app. | tivity r | tructions ules, If o | s for Form 8810, only part of the loss |

Form 6251

Department of the Treasury Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

2009

OMB No. 1545-0074

Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

| CARL M. & BARBARA LEVIN Part Alternative Minimum Taxable Income | | |
|--|-------------|----------------------|
| 1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, | | |
| enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.) | 1 | 162,188 |
| 2 Medical and dental. Enter the Smaller of Schedule A (Form 1040), line 4, Or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0- | 1 1 | |
| 3 Taxes from Schedule A (Form 1040), lines 5, 6, and 8 | 1 1 | 19,304 |
| 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions | | |
| 5 Miscellaneous deductions from Schedule A (Form 1040), line 27 | 1 1 | 3,985 |
| 6 If Form 1040, line 38, is over \$166,800 (over \$83,400 if married filing separately), enter the amount from line 11 | | |
| of the Itemized Deductions Worksheet on page A-11 of the instructions for Schedule A (Form 1040) | 6 | -509 |
| 7 If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule | | |
| 8 Tax refund from Form 1040, line 10 or line 21 | | |
| 9 Investment interest expense (difference between regular tax and AMT) | | |
| Depletion (difference between regular tax and AMT) | | |
| 11 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount | 11 | |
| 2 Alternative tax net operating loss deduction | 12 | |
| | 13 | 18 |
| 0 46 1 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 14 | |
| er i ei ii i i i i e e e e e e e e e e e | 15 | |
| 15 Exercise of incentive stock options (excess of AMT income over regular tax income) 16 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 16 | |
| 17 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | | |
| | | |
| 18 Disposition of property (difference between AMT and regular tax gain or loss) | 18 | |
| 19 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 19 | 108 |
| 20 Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 16 | 20 | 100 |
| 21 Loss limitations (difference between AMT and regular tax income or loss) | 21 | |
| 22 Circulation costs (difference between regular tax and AMT) | 22 | |
| 23 Long-term contracts (difference between AMT and regular tax income) | 23 | |
| 24 Mining costs (difference between regular tax and AMT) | 24 | |
| 5 Research and experimental costs (difference between regular tax and AMT) | 25 | |
| 26 Income from certain installment sales before January 1, 1987 | 26 | |
| 7 Intangible drilling costs preference | 27 | |
| 28 Other adjustments, including income-based related adjustments | 28 | |
| 29 Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line | | |
| 29 is more than \$216,900, see instructions.) | 29 | 185,094 |
| Part II Alternative Minimum Tax (AMT) | T | |
| 30 Exemption. (If you were under age 24 at the end of 2009, see instructions.) | | |
| IF your filing status is AND line 29 is not over THEN enter on line 30 | | |
| Single or head of household \$112,500 \$46,700 Married filing jointly or qualifying widow(er) 150,000 70,950 | | |
| Married filing jointly or qualifying widow(er) | 30 | 62,176 |
| If line 29 is over the amount shown above for your filing status, see instructions. | | |
| 1 Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter 0 here and on lines | | |
| 34 and 36 and skip the rest of Part II | 31 | 122,918 |
| 2 • If you are filing Form 2555 or 2555 EZ, see page 9 of the instructions for the amount to enter. | | |
| • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends | | |
| on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured | 32 | 31,959 |
| for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. | N ## | |
| • All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by | | |
| 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing | | |
| separately) from the result. 3 Alternative minimum tax foreign tax credit (see instructions) | 33 | |
| | 34 | 31,959 |
| Tentative minimum tax. Subtract line 33 from line 32 | 34 | 31,333 |
| 5 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). | 05 | 31,632. |
| If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J AMT. Subtract line 35 from line 34. If zero or less, enter -0. Enter here and on Form 1040, line 45 | 35 | $\frac{31,632}{327}$ |
| | 36 | 341, |

| F | orm 6251 (2009) CARL M. & BARBARA LEVIN | | وجاء والمحال والمالي يسول | Fage 🚣 |
|------|--|---|---------------------------|---|
| F | Part III Tax Computation Using Maximum Capital Gains Rates | | , | |
| 37 | Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, | enter the amount from | | |
| | line 3 of the worksheet in the instructions | .,,,. | . 37 | |
| 38 | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax | | | |
| | Worksheet in the instructions for Form 1040, line 44, or the amount from | | | |
| | line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for | | | |
| | Schedule D (Form 1040), whichever applies (as refigured for the AMT, if | | | |
| | necessary) (see the instructions). If you are filing Form 2555 or 2555-EZ, | | | |
| | see instructions for the amount to enter | 38 | | |
| 39 | Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the | | | |
| | AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555 EZ, | | | |
| | see instructions for the amount to enter | 39 | | |
| 40 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the | | | |
| | AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter | | | |
| | the smaller of that result or the amount from line 10 of the Schedule D Tax | | | |
| | Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 | | | |
| | or 2555-EZ, see instructions for the amount to enter | 40 | _ | |
| 41 | Enter the smaller of line 37 or line 40 | | 41 | |
| | Subtract line 41 from line 37 | | 42 | |
| 43 | If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply I | | | |
| | Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married fill | ing separately) from | | |
| | the result | > | 43 | |
| 44 | Enter: | 1 1 | | |
| | • \$67,900 if married filing jointly or qualifying widow(er), | | | |
| | • \$33,950 if single or married filing separately, or | 44 | - | |
| | • \$45,500 if head of household. | | | |
| 45 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain | | | |
| | Tax Worksheet in the instructions for Form 1040, line 44, or the amount from | | | |
| | line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for | | | |
| | Schedule D (Form 1040), whichever applies (as figured for the regular tax). If | | | |
| | you did not complete either worksheet for the regular tax, enter -0- | 45 | \dashv | |
| | | | | |
| 46 | Subtract line 45 from line 44. If zero or less, enter ·0· | 46 | - | |
| | | | | |
| 47 | Enter the smaller of line 37 or line 38 | 47 | \dashv \vdash | |
| | | 10 | | |
| 48 | Enter the smaller of line 46 or line 47 | 48 | - | |
| | Outstand Proc. 40 form Proc. 47 | 40 | | |
| 49 | Subtract line 48 from line 47 | 49 | - | |
| | Maddiala Bas 40 bu 1507 (15) | _ | 50 | |
| ου | Multiply line 49 by 15% (.15) | | 00 | |
| | If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go | to line 51. | | |
| E 4 | Subtract line 47 from line 41 | 51 | | |
| ÐΙ | Subtract life 47 from life 41 | | 1 | |
| EΛ | Multiply line 51 by 25% (.25) | | 52 | |
| 02 | widitiply lifte 31 by 25% (.25) | | 02 | · - · - · - · · · · · · · · · · · · · · |
| E9 | Add lines 42, 50, and 52 | | 53 | |
| ÜĞ | Add lines 43, 50, and 52 | •••••• | | |
| E.A | If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply li | ne 37 hv 26% (26) | | • |
| | Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing | | | |
| | the result | | 54 | |
| | GIO FOOUIL | *************************************** | - | |
| E.E. | Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 255 | 55 or 2555-EZ, do not enter | | |
| | this amount on line 32. Instead, enter it on line 4 of the worksheet in the instruction | | 55 | |
| | and another of the OL. Holota, ortor it of the Total to Holitalized in the Holitalian | |) | Form 6251 (2009) |

| Name(s) | | *************************************** | *************************************** | | | Social Security Number |
|------------------------------------|-----------|---|---|--------------------|--------------------|-------------------------------|
| CARL M. & BARBARA LEVIN | | | | | | |
| - : | | | | Adjustment | | |
| Name | income | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251, Line 21 | Form 6251 Other Adjustment |
| E- RENTAL PORTION OF RESI | | | | | | |
| EGULAR : | 8,444. | | | | | |
| * AMT DEPR ADJ | 8 102. | | | 102. | | |
| | | | | +04• | | |
| * REGULAR INCOME * AMT NET INCOME | ្រ ភ ហ | | | | | |
| | (| | | | | |
| K1- LEVINSON-LEVIN PROPERT | | | | | | |
| * REGULAR INCOME | 17,614. | | | ` | | |
| | 17,620. | | | on 0 | | |
| ** TOTAL ADJ & PREF ** | | | | 108. | | |
| | | | - | | | |
| - | | | 1. | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE H (Form 1040)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040NR, 1040-SS, or 1041.

See separate instructions.

OMB No. 1545-1971

2009
Attachment
Sequence No. 44

Department of the Treasury Internal Revenue Service (99) Name of employer

Social security number

Employer identification number

| C | ARL M. LEVIN | | |
|---|---|---------|---------------------------|
| Α | Did you pay any one household employee cash wages of \$1,700 or more in 2009? (If any household employee under age 21, your parent, or anyone under age 18, see the line A instructions on page H-4 before you answer to | | |
| | X Yes. Skip lines B and C and go to line 1. No. Go to line B. | | |
| В | Did you withhold federal income tax during 2009 for any household employee? | | |
| | Yes. Skip line C and go to line 5. No. Go to line C. | | |
| С | Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to all household employed (Do not count cash wages paid in 2008 or 2009 to your spouse, your child under age 21, or your parent.) | oyees? | ? |
| | No. Stop. Do not file this schedule. Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employed not have to complete this form for 2009.) | es in 2 | 2009 |
| F | art I Social Security, Medicare, and Federal Income Taxes | | |
| | Total cash wages subject to social security taxes (see page H-4) | | |
| 2 | Social security taxes. Multiply line 1 by 12.4% (.124) | 2 | 603. |
| 3 | Total cash wages subject to Medicare taxes (see page H-4) | | |
| 4 | Medicare taxes. Multiply line 3 by 2.9% (.029) | 4 | 141. |
| 5 | Federal income tax withheld, if any | 5 | |
| 6 | Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5 | 6 | 744. |
| 7 | Advance earned income credit (EIC) payments, if any | 7 | |
| 8 | Net taxes (subtract line 7 from line 6) | 8 | 744. |
| 9 | Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to all household employed (Do not count cash wages paid in 2008 or 2009 to your spouse, your child under age 21, or your parent.) | es? | |
| | No. Stop. Include the amount from line 8 above on Form 1040, line 59, and check box b on that line. If you 1040, see the line 9 instructions on page H-4. | ou are | not required to file Form |
| | X Yes. Go to line 10 on page 2. | | |

For Privacy Act and Paperwork Reduction Act Notice, see page H-7 of the instructions.

LHA

Schedule H (Form 1040) 2009

address, and ZIP code

Form 8801

Credit for Prior Year Minimum Tax - Individuals, Estates, and Trusts

See separate instructions.

► Attach to Form 1040, 1040NR, or 1041.

OMB No. 1645-1073
2009

Attachment Sequence No. 74

Form 8801 (2009)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Identifying number

| C | ARL M. & BARBARA LEVIN | | |
|-----------|---|------|----------|
| F | art I Net Minimum Tax on Exclusion Items | | |
| 1 | Combine lines 1, 6, 7, and 11 of your 2008 Form 6251. Estates and trusts, see instructions | 1 | 189,376. |
| 2 | Enter adjustments and preferences treated as exclusion items (see instructions) | 2 | 23,369. |
| 3 | Minimum tax credit net operating loss deduction (see instructions) | 3 | (|
| 4 | Combine lines 1, 2, and 3. If zero or less, enter ·0· here and on line 15 and go to Part II. If more than \$214,900 and you were married filing separately for 2008, see instructions | 4 | 212,745. |
| 5 | Enter: \$69,950 if married filing jointly or qualifying widow(er) for 2008; \$46,200 if single or head of household | | |
| | 2008; or \$34,975 if married filling separately for 2008. Estates and trusts, enter \$22,500 | - 1 | 69,950. |
| 6 | Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2008; \$112,500 if single or head of househ for 2008; or \$75,000 if married filing separately for 2008. Estates and trusts, enter \$75,000 | i - | 150,000. |
| 7 | Subtract line 6 from line 4. If zero or less, enter ·0· here and on line 8 and go to line 9 | 7 | 62,745. |
| 8 | Multiply line 7 by 25% (.25) | 8 | 15,686. |
| 9 | Subtract line 8 from line 5. If zero or less, enter ·0·. If under age 24 at the end of 2008, see instructions | 9 | 54,264. |
| 10 | Subtract line 9 from line 4. If zero or less, enter -0· here and on line 15 and go to Part II. Form 1040NR filers, see instructions | 10 | 158,481. |
| 11 | • If for 2008 you filed Form 2555 or 2555-EZ, see page 2 of the instructions for the amount to enter. | | |
| | • If for 2008 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 49 here. Form 1040NR filers, see instructions. | } 11 | 41,205. |
| | • All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2008), multiply line by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2008) from the result. Form 1040NR filers, see instructions. | | |
| 12 | Minimum tax foreign tax credit on exclusion items (see instructions) | 12 | |
| 13 | Tentative minimum tax on exclusion items. Subtract line 12 from line 11 | 13 | 41,205. |
| 14 | Enter the amount from your 2008 Form 6251, line 35, or 2008 Form 1041, Schedule I, line 55 | 14 | 40,020. |
| <u>15</u> | Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter 0 | 15_ | 1,185. |

LHA

For Paperwork Reduction Act Notice, see instructions.

| Fo | orm 8801 (2009) CARL M. & BARBARA LEVIN | (1000) | Page 2 |
|----|---|--------|---------|
| L | Part II Current Year Nonrefundable and Refundable Credits and Carryforward to 2010 | | |
| 16 | 6 Enter the amount from your 2008 Form 6251, line 36, or 2008 Form 1041, Schedule I, line 56 | 16 | 1,230. |
| 17 | 7 Enter the amount from line 15 | 17 | 1,185. |
| 18 | Subtract line 17 from line 16. If less than zero, enter as a negative amount | 18 | 45. |
| 19 | 2008 credit carryforward. Enter the amount from your 2008 Form 8801, line 31 | 19 | 99. |
| 20 | Enter your 2008 unallowed qualified electric vehicle credit (see instructions) | 20 | |
| 21 | 1 Combine lines 18 through 20. If zero or less, enter -0- | 21 | 144. |
| 22 | 2 Enter 50% (.50) of the total interest and penalties you paid before October 3, 2008, on alternative | | |
| | minimum tax attributable to the exercise of incentive stock options for 2007 or any prior year | 22 | |
| 23 | Add lines 21 and 22. If zero, stop here and see instructions | 23 | 144. |
| 24 | Enter your 2009 regular income tax liability minus allowable credits (see instructions) | 24 | 31,632. |
| 25 | Enter the amount from your 2009 Form 6251, line 34, or 2009 Form 1041, Schedule I, line 54 | 25 | 31,959. |
| 26 | Subtract line 25 from line 24. If zero or less, enter -0- | 26 | 0. |
| 27 | Current year nonrefundable credit. Enter the smaller of line 23 or line 26. Also enter this amount on your 2009 Form 1040, line 53 (check box b); Form 1040NR, line 49 (check box b); or Form 1041, Schedule G, line 2d | 27 | 0. |
| 28 | • Estates and trusts: Leave lines 28 and 29 blank and go to line 30. | | |
| | • Individuals: Did you have a minimum tax credit carryforward to 2007 (on your 2006 Form 8801, line 26) or pay any interest or penalties before October 3, 2008, on alternative minimum tax attributable to the exercise of incentive stock options for 2007 or any prior year? | | |
| | No. Leave lines 28 and 29 blank and go to line 30. | | |
| | Yes. Complete Part IV of Form 8801 to figure the amount to enter | 28 | 17. |
| 29 | Is line 28 more than line 27? | | |
| | No, Leave line 29 blank and go to line 30. | | |
| | Yes, Subtract line 27 from line 28. This is your current year refundable credit. Enter the result here and on your 2009 Form 1040, line 70 (check box c), or Form 1040NR, line 64 (check box c) | 29 | 17. |
| 30 | Credit carryforward to 2010. Subtract the larger of line 27 or line 28 from line 23. Keep a record | | |
| | of this amount because you may use it in future years | 30 | 127. |

| | CARL M. & BARBARA LEVIN | | | A Carrie September 1 | Page 3 |
|----|--|-------------------|--|---|--------|
| P | art III Tax Computation Using Maximum Capital Gains Ra | ites | | | |
| | Caution. If you did not complete the 2008 Qualified Dividends and Capital Ga | in Tax Worksheet, | | | |
| | the 2008 Schedule D Tax Worksheet, or Part V of the 2008 Schedule D (Form | 1041), see the | | | |
| | instructions before completing this part. | | | 5 | |
| 31 | Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for | or 2008, enter | | 11.1 | |
| | the amount from line 3 of the worksheet on page 2 of the instructions | | | 31 | |
| | Caution. If for 2008 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see pag | e 4 of the | | | |
| | instructions before completing lines 32, 33, and 34. | | | 1/ E | |
| 32 | Enter the amount from line 6 of your 2008 Qualified Dividends and Capital | 1 1 | | | |
| | Gain Tax Worksheet, the amount from line 13 of your 2008 Schedule D Tax | | | 1 4 T | |
| | Worksheet, or the amount from line 22 of the 2008 Schedule D (Form 1041), | | | | |
| | whichever applies* | . 32 | | | |
| | | | | - <u>1</u> | |
| | If you figured your 2008 tax using the 2008 Qualified Dividends | | | | |
| | and Capital Gain Tax Worksheet, skip line 33 and enter the amount | | | | |
| | from line 32 on line 34. Otherwise, go to line 33. | · I |] | | |
| | |]. | | | |
| 33 | Enter the amount from line 19 of your 2008 Schedule D (Form 1040), | | | 4 | |
| | or line 14b, column (2), of the 2008 Schedule D (Form 1041) | 33 | | | |
| 34 | Add lines 32 and 33, and enter the smaller of that result or the amount | | | 1 | |
| | from line 10 of your 2008 Schedule D Tax Worksheet | 34 | | | |
| 35 | Enter the smaller of line 31 or line 34 | | | 35 | |
| 36 | Subtract line 35 from line 31 | | | 36 | |
| | | | | | |
| 37 | If line 36 is \$175,000 or less (\$87,500 or less if married filing separately for 200 | | | | |
| | 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 | | | | |
| | filing separately for 2008) from the result. Form 1040NR filers, see instructions | | | 37 | |
| 38 | Enter: | 1 11 | | | |
| | \$65,100 if married filing jointly or qualifying widow(er) for 2008, | | | | |
| | \$32,550 if single or married filing separately for 2008, | | | | |
| | \$43,650 if head of household for 2008, or | | | | |
| | • \$2,200 for an estate or trust. | 1 _ 1 | | | |
| | Form 1040NR filers, see instructions | 38 | | | |
| 39 | Enter the amount from line 7 of your 2008 Qualified Dividends and Capital | | | | |
| | Gain Tax Worksheet, the amount from line 14 of your 2008 Schedule D Tax | | | | |
| | Worksheet, or the amount from line 23 of the 2008 Schedule D (Form 1041), | | | Tana da | |
| | whichever applies. If you did not complete either worksheet or Part V of the | | | ;···· [™] | |
| | 2008 Schedule D (Form 1041), enter -0 Form 1040NR filers, see | | ĺ | 1.4 1.4 1.11 | |
| | instructions | 1 1 | | | |
| 40 | Subtract line 39 from line 38. If zero or less, enter -0- | | | | |
| 41 | Enter the smaller of line 31 or line 32 | 1 1 | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |
| 42 | Enter the smaller of line 40 or line 41 | 1 1 | | 77 3 4 3 7 7 7 7 7 | |
| 43 | Subtract line 42 from line 41 | | | 44 | |
| 44 | Multiply line 43 by 15% (.15) | | ········· - | 44 | |
| | If line 33 is zero or blank, skip lines 45 and 46 and go to line 47. Otherwise, | go to line 45. | | . :::: [] | |
| | | 1 1 | 1 | | |
| 15 | Subtract line 41 from line 35 | L | | 46 | |
| 16 | Multiply line 45 by 25% (.25) | | ······································ | 47 | |
| | Add lines 37, 44, and 46 If line 31 is \$175,000 or less (\$87,500 or less if married filing separately for 200 | | | -11 | |
| 18 | by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1, | | | | |
| | separately for 2008) from the result. Form 1040NR filers, see instructions | | ľ | 48 | |
| | Enter the smaller of line 47 or line 48 here and on line 11. If you filed Form 255 | | | | |
| | not enter this amount on line 11. Instead, enter it on line 4 of the worksheet on | | 1 | 49 | |
| | not onto: the amount on the FF. Heleau, enter it on the 4 of the worksheet of | , | · · · · · · · L | | |

^{*} The 2008 Qualified Dividends and Capital Gain Tax Worksheet is on page 38 of the 2008 Instructions for Form 1040. The 2008 Schedule D Tax Worksheet is on page D-10 of the 2008 Instructions for Schedule D (Form 1040) (page 8 of the 2008 Instructions for Schedule D (Form 1041)).

| Fore | n 8801 (2009) CARL M. & BARBARA LEVIN | | | - St. 1850.18 | Page 4 |
|------------|--|-------|-------|---------------|-------------------------|
| P | art IV Tentative Refundable Credit | | | | |
| 50 | Enter the amount from line 21 | | | 50 | 144. |
| 51 | Enter the total of lines 18 and 20 from your 2007 Form 8801. If zero or less, enter -0- | : . | 7. | | , |
| 52 | Enter the total of lines 18 and 20 from your 2008 Form 8801. If zero or less, enter 0 | 52 | 58. | | |
| 53 | Enter the total of lines 18 and 20 from your 2009 Form 8801. If zero or less, enter -0- | 53 | 45. | | |
| 54 | Add lines 51 through 53 | | ••••• | 54 | 110. |
| 55 | Long-term unused minimum tax credit. Subtract line 54 from line 50 (line and on line 59 and go to line 60) | | | 55 | 34. |
| 56 | Multiply line 55 by 50% (.50) | | | 56 | 17. |
| 57 | Enter the amount from your 2008 Form 8801, line 61 | ····· | | 57 | ····· |
| 58 | Enter the larger of line 56 or line 57 | | | 58 | 17. |
| 59 | Enter the smaller of line 55 or line 58 | | ••••• | 59 | 17. |
| 60 | Enter the amount from line 22 | | | 60 | <u> </u> |
| 6 <u>1</u> | Add lines 59 and 60. Enter the result here and on line 28 | | | 61 | 17. Form 8801 (2009) |
| | | | | | 101111 0001 (2000) |

| 918711 10-07-09 | | |
|---|--|--------------------|
| 4868 Application for Automati | | 2009 |
| Department of the Treasury Internal Revenue Service (99) For calendar year 2009, or other tax year beginning Part I Identification | , 2009, ending Part II Individual Income Tax | 2003 |
| 1 Your name(s) | 4 Estimate of total tax liability for 2009 \$\$ 5 Total 2009 payments | 30,738. 30,738. |
| CARL M. LEVIN & BARBARA LEVIN | 6 Balance due. Subtract line 5 from line 4 | 0. |
| | 7 Amount you are paying 8 Check here if you are "out of the country" and a U.S. | 0. |
| 2 Your social security number 3 Spouse's social security number | 9 Check here if you file Form 1040NR or 1040NR-EZ and did no wages as an employee subject to U.S. income tax withholding | . [|



| FOR | M 1040 SOCIAL SECURITY BENEFITS WORKSHEET | STATEMENT 1 |
|-----|--|---------------------|
| ~uu | CK ONLY ONE BOX: | |
| | . SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER) | |
| X E | . MARRIED FILING JOINTLY | |
| C | . MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE | |
| _ | AT ANY TIME DURING 2009 | |
| D | . MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2009 | |
| 1. | ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR | |
| | FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON | 41,855. |
| | FORM 1040, LINE 20A | 41,000. |
| | SPOUSE AMOUNT 16,092. | |
| | ENTER ONE HALF OF LINE 1 | 20,928. |
| 3. | ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 14, | |
| | 15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT | 0 102 173 |
| A | INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-109 ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED | 9 102,113. |
| 4. | INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, | |
| | OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF | |
| | PUERTO RICO THAT YOU CLAIMED | 000 101 |
| | ADD LINES 2, 3, AND 4 | 203,101. |
| 6. | ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32, AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED | |
| | LINE NEXT TO LINE 36 | 0. |
| 7. | SUBTRACT LINE 6 FROM LINE 5 | 203,101. |
| 8. | ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR | |
| | \$32,000 IF YOU CHECKED BOX B, OR | 32,000. |
| ٥ | \$-0- IF YOU CHECKED BOX C | 32,000. |
| J • | [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE | • |
| | TAXABLE. ENTER -0- ON FORM 1040, LINE 20B. IF YOU ARE | |
| | MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR | |
| | SPOUSE FOR ALL OF 2009, BE SURE YOU ENTERED 'D' TO THE | , |
| | RIGHT OF THE WORD "BENEFITS" ON LINE 20A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 | 171,101. |
| 0. | ENTER \$9,000 IF YOU CHECKED BOX A OR D, | 1,1,1014 |
| | \$12,000 IF YOU CHECKED BOX B | |
| | \$-0- IF YOU CHECKED BOX C | 12,000. |
| 1. | SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0 | 159,101. 12,000. |
| | ENTER THE SMALLER OF LINE 9 OR LINE 10 | 6,000. |
| 3. | ENTER THE SMALLER OF LINE 2 OR LINE 13 | 6,000. |
| 5. | MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0 | - 135,236. |
| | ADD LINES 14 AND 15 | 141,236. |
| 7. | MULTIPLY LINE 1 BY 85% (.85) | 35,577. |
| _ | TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 | 35,577. |

CARL M. & BARBARA LEVIN

| FORM 1040 STATE A | ND LOCAL INCOME TA | X REFUNDS | STATEMENT | 2 |
|--|--------------------|-----------|-----------|-------------|
| | 2008 | 2007 | 2006 | |
| GROSS STATE/LOCAL INC TAX REFU LESS: TAX PAID IN FOLLOWING YE | | | | |
| NET TAX REFUNDS MICHIGAN | 696. | | | |
| TOTAL NET TAX REFINDS | 696. | | | |



| NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT. | FOR | M 1040 | TAXABLE STATE | AND LOCAL | INCOME | TAX | REFUNDS | STATEMENT | 3 |
|---|------------|---|---|------------|------------------|---------------|------------|-----------|----|
| LOCAL INCOME TAX REFUNDS STMT. 696. LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION 1 NET REFUNDS FOR RECALCULATION 2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT 45,975. 3 DEDUCTION NOT SUBJ TO PHASEOUT 45,975. 4 NET REFUNDS FROM LINE 1 235,351. 5 LINE 2 MINUS LINES 3 AND 4 45,975. 6 MULT LN 5 BY APPL SEC. 68 PCT 12,260. 7 PRIOR YEAR AGI 235,351. 9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16) 10 MULT LN 9 BY APPL SEC. 68 PCT 754. 11 ALLOWABLE ITEMIZED DEDUCTIONS 45,221. (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10) 12 ITEM GEO. NOT SUBJ TO PHASEOUT 45,221. 13A TOTAL ADJ. ITEMIZED DEDUCTIONS 45,221. 13B PRIOR YR. STD. DED. AVAILABLE 14,000. 14 PRIOR YR. ALLOWABLE ITEM. DED. 45,221. 15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14 16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1) (LESSER OF LINE 15 OR LINE 1) 1 ALLOWABLE PRIOR YR. ITEM. DED. 45,221. 18 PRIOR YEAR STD. DED. AVAILABLE 14,000. 19 SUBTRACT LINE 18 FROM LINE 11 1 ALLOWABLE PRIOR YR. ITEM. DED. 45,221. 18 PRIOR YEAR STD. DED. AVAILABLE 14,000. 9 SUBTRACT LINE 18 FROM LINE 17 31,221. 19 PRIOR YEAR TAXABLE INCOME 183,130. 22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0 OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS -0 OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2006 | | | | 200 | 8 | | 2007 | 2006 | |
| -SALES TAX BENEFIT REDUCTION 1 NET REFUNDS FOR RECALCULATION 2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT 3 NET REFUNDS FROM LINE 1 5 LINE 2 MINUS LINES 3 AND 4 4 5,975. 6 MULT LN 5 BY APPL SEC. 68 PCT 7 PRIOR YEAR AGI 235,351. 8 IFEM. DED. PHASEOUT THRESHOLD 159,950. 9 SUBTRACT LINE 8 FROM LINE 7 (1F ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16) 10 MULT LN 9 BY APPL SEC. 68 PCT 1 ALLOWABLE ITEMIZED DEDUCTIONS 45,221. (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10) 12 ITEM DED. NOT SUBJ TO PHASEOUT 13A TOTAL ADJ. ITEMIZED DEDUCTIONS 45,221. 14 PRIOR YR. STD. DED. AVAILABLE 14,000. 14 PRIOR YR. ALLOWABLE ITEM. DED. 5 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1) 17 ALLOWABLE PRIOR YR. ITEM. DED. 45,221. 18 PRIOR YEAR STD. DED. AVAILABLE 14,000. 19 SUBTRACT LINE 18 FROM LINE 17 ALLOWABLE PRIOR YR. ITEM. DED. 45,221. 19 PRIOR YEAR STD. DED. AVAILABLE 14,000. 19 SUBTRACT LINE 18 FROM LINE 17 20 LESSER OF LINE 15 OR LINE 1) 17 ALLOWABLE PRIOR YR. ITEM. DED. 45,221. 18 PRIOR YEAR STD. DED. AVAILABLE 14,000. 19 SUBTRACT LINE 18 FROM LINE 17 21 ALLOWABLE PRIOR YR. ITEM. DED. 22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0 OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2006 | | | | | 696. | | | | |
| 2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT 3 DEDUCTION NOT SUBJ TO PHASEOUT 4 NET REFUNDS FROM LINE 1 5 LINE 2 MINUS LINES 3 AND 4 5 MULT LN 5 BY APPL SEC. 68 PCT 6 MULT LN 5 BY APPL SEC. 68 PCT 7 PRIOR YEAR AGI 8 ITEM. DED. PHASEOUT THRESHOLD 159,950. 9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16) 10 MULT LN 9 BY APPL SEC. 68 PCT 11 ALLOWABLE ITEMIZED DEDUCTIONS 45,221. ((LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10) 12 ITEM DED. NOT SUBJ TO PHASEOUT 13A TOTAL ADJ. ITEMIZED DEDUCTIONS 45,221. 13B PRIOR YR. STD. DED. AVAILABLE 14,000. 14 PRIOR YR. ALLOWABLE ITEM. DED. 45,221. 15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14 16 TAXABLE REFUNDS ((LESSER OF LINE 15 OR LINE 1) 17 ALLOWABLE PRIOR YR. ITEM. DED. 45,221. 18 PRIOR YEAR STD. DED. AVAILABLE 14,000. 19 SUBTRACT LINE 18 FROM LINE 17 20 LESSER OF LINE 16 OR LINE 19 21 PRIOR YEAR TAXABLE INCOME 183,130. 22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2006 | LES | | | | 696. | | | | |
| BEFORE PHASEOUT 45,975. DEDUCTION NOT SUBJ TO PHASEOUT NET REFUNDS FROM LINE 1 LINE 2 MINUS LINES 3 AND 4 45,975. MULT LN 5 BY APPL SEC. 68 PCT 12,260. PRIOR YEAR AGI 235,351. ITEM. DED. PHASEOUT THRESHOLD 159,950. SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16) MULT LN 9 BY APPL SEC. 68 PCT 754. ALLOWABLE ITEMIZED DEDUCTIONS 45,221. (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10) ITEM DED. NOT SUBJ TO PHASEOUT ACTUAL ADJ. ITEMIZED DEDUCTIONS 45,221. SUBTRACT THE GREATER OF LINE 13A PRIOR YR. STD. DED. AVAILABLE 14,000. PRIOR YR. ALLOWABLE ITEM. DED. 45,221. SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 14 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 17 ALLOWABLE PRIOR YR. ITEM. DED. 45,221. PRIOR YEAR STD. DED. AVAILABLE 14,000. SUBTRACT LINE 18 FROM LINE 17 LESSER OF LINE 15 OR LINE 17 LESSER OF LINE 16 OR LINE 19 PRIOR YEAR STD. DED. AVAILABLE 14,000. MULT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2006 | 1 | NET REFUNDS | FOR RECALCULATION | | | | | | |
| MULT LN 5 BY APPL SEC. 68 PCT | 3 | BEFORE PHAS | SEOUT OT SUBJ TO PHASEOU! | | 5,975. | | ·. | | |
| (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16) 10 MULT LN 9 BY APPL SEC. 68 PCT 11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10) 12 ITEM DED. NOT SUBJ TO PHASEOUT 13A TOTAL ADJ. ITEMIZED DEDUCTIONS 45,221. 13B PRIOR YR. STD. DED. AVAILABLE 14,000. 14 PRIOR YR. ALLOWABLE ITEM. DED. 45,221. 15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14 16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1) ALLOWABLE PRIOR YR. ITEM. DED. 45,221. 18 PRIOR YEAR STD. DED. AVAILABLE 14,000. 19 SUBTRACT LINE 18 FROM LINE 17 20 LESSER OF LINE 16 OR LINE 19 PRIOR YEAR STD. DED. AVAILABLE 14,000. 22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2006 | 5 7 | MULT LN 5 BY PRIOR YEAR A | APPL SEC. 68 PCT | 1 23 | 2,260. 5,351. | | | | |
| 13B PRIOR YR. STD. DED. AVAILABLE 14,000. 14 PRIOR YR. ALLOWABLE ITEM. DED. 45,221. 15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14 16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1) 17 ALLOWABLE PRIOR YR. ITEM. DED. 45,221. 18 PRIOR YEAR STD. DED. AVAILABLE 14,000. 19 SUBTRACT LINE 18 FROM LINE 17 31,221. 20 LESSER OF LINE 16 OR LINE 19 21 PRIOR YEAR TAXABLE INCOME 183,130. 22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2006 | 10 11 | (IF ZERO OR 10 THROUGH 1 AMOUNT FROM MULT LN 9 BY ALLOWABLE IT (LINE 5 LESS LINE 6 OR I | LESS, SKIP LINES 5, AND ENTER LINE 1 ON LINE 16 APPL SEC. 68 PCT EMIZED DEDUCTIONS THE LESSER OF LINE 10) | 4 | 754. | | | | |
| 13A OR LINE 13B FROM LINE 14 16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1) 17 ALLOWABLE PRIOR YR. ITEM. DED. 45,221. 18 PRIOR YEAR STD. DED. AVAILABLE 14,000. 19 SUBTRACT LINE 18 FROM LINE 17 31,221. 20 LESSER OF LINE 16 OR LINE 19 21 PRIOR YEAR TAXABLE INCOME 183,130. 22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2006 | 13B | PRIOR YR. ST | D. DED. AVAILABLE | 1 | 4,000. | | | | |
| LESSER OF LINE 16 OR LINE 19 PRIOR YEAR TAXABLE INCOME 183,130. 22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2006 | 16 17 | 13A OR LINE TAXABLE REFU (LESSER OF L ALLOWABLE PR | 13B FROM LINE 14 NDS INE 15 OR LINE 1) IOR YR. ITEM. DED. | | | | | | |
| * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2006 | 20 | LESSER OF LI | NE 16 OR LINE 19 | | | • | · | | |
| | 3 2 | * IF LINE 21 | IS -0- OR MORE, U | JSE AMOUN' | r from I | LINE 20 AN | 20 D 21 | | 0. |
| TOTAL TO FORM 1040, LINE 10 | | STATE AND LO | CAL INCOME TAX REF | UNDS PRI | OR TO 20 | 006 | | | |
| | | TOTAL TO FOR | M 1040, LINE 10 | | | | | | 0. |

CARL M. & BARBARA LEVIN

| CARL M. & BARDARA DEVIN | | | |
|-----------------------------|---------------------|-----------------------|----------------|
| FORM 1040 | IRA DISTRIBUTIONS | | STATEMENT 4 |
| NAME OF PAYER | | GROSS DISTRIBUTION | TAXABLE AMOUNT |
| AMERICAN FUNDS | • | 8,994. | 8,994. |
| TOTAL TO FORM 1040, LINE 15 | - | 8,994. | 8,994. |
| FORM 1040 | TAX-EXEMPT INTEREST | | STATEMENT 5 |
| NAME OF PAYER | | | AMOUNT |
| FIDELITY | | | 35. |
| TOTAL TO FORM 1040, LINE 8B | | | 35. |

| January and Same and | |
|---|--|

| FORM 1040 REFUNDS AT | TRIBUTABLE | TO EST. TA | X PAID | FOLL | OWING YR | STATEM | IENT | |
|--|-----------------|----------------------------|----------------------|--------|------------------------|-----------|-------------------------------|----------|
| | | 2008 | STATE | REFU | | OUNT SUBT | | |
| STATE TAX PAID IN FOLLO | MICHI W YEAR | GAN 370. | , | 7 | 34. = | | 38. | |
| TOTAL STATE TAX PAID 20 | 08 | 7,215. | . | , | J 4. - | | | = |
| FORM 1040 | WAGES RECEI | VED AND TA | XES WI | PHHEL) | D | STATEM | IENT | F |
| T S EMPLOYER'S NAME | AMOUNT PAID | FEDERAL TAX WITHHELD | STA' TAI WITHI | X | CITY SDI TAX W/H | FICA P | IEDICA TAX | |
| T UNITED STATES SENATE | 146,987. | 30,721 | 5, | 611. | | 6,622. | 2,45 | 50. |
| TOTALS | 146,987. | 30,721 | 5, | 611. | | 6,622. | 2,45 | 0 |
| FORM 1040 | FEDERAL | INCOME TA | X WITH | HELD | | STATEM | ENT | |
| T S DESCRIPTION | | | | | | AMC | UNT | |
| TUNITED STATES SENATE F AMERICAN FUNDS F WITHHOLDING FROM FORM F WITHHOLDING FROM FORM | | | | | | | 30,72 1,79 7,98 4,98 | 96 36 |
| TOTAL TO FORM 1040, LIN | E 61 | | | | | | 45,49 | 91. |
| SCHEDULE A | 0 | THER TAXES | | | | STATE | IENT | 9 |
| DESCRIPTION | | | | | | AMC | UNT | |
| PERSONAL PROPERTY TAXES LIONS DEN - REAL ESTATE | | | | | | | 3,17 | 76. |
| TOTAL TO SCHEDULE A, LI | | | | | | | 3,17 | 16 |

| | 4 |
|--|---|
| The second of the second secon | |
| | |

| SCHEDULE A | CASH CONTRIBUTIONS | | STATEMENT | 10 |
|---------------------------|--------------------|---------------------|---------------------|-------|
| DESCRIPTION | | AMOUNT 50% LIMIT | AMOUNT 30% LIMIT | |
| | - | | | |
| | | | | |
| | | | | |
| | - | 20.545 | | . — . |
| SUBTOTALS | = | 32,747. | | |
| TOTAL TO SCHEDULE A, LINE | 16 | | 32,7 | 47. |



| SCHE | DULE A ITEMIZED DEDUCTIONS WORKSHEET | STATEMENT 11 |
|----------------|---|------------------|
| 1. | ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28 | . 56,036. |
| 3. | LOSSES INCLUDED ON LINE 28 | . 0. |
| 4. 5. 6. | THE YES, SUBTRACT LINE 2 FROM LINE 1 | • |
| | IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5 50,915 | |
| 8. 9. 0. | MULTIPLY LINE 7 BY 3% (.03) | 1,527. 1,018. |
| .2. | TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29 | 55,527. |
| | OULE B TAX-EXEMPT INTEREST | STATEMENT 12 |
| IAME | OF PAYER | AMOUN'T |
| IDE | LITY | 35. |
| 'OTAI | TAX-EXEMPT INTEREST TO SCHEDULE B, LINE 1 | 35. |



| SCHEDULE E | | OTHER EXP | ENSES | S | TATEMENT | 13 |
|--|----------------|-------------------------|--------------------------|-------------------|------------------|---------------------------------|
| RENTAL PORTION OF | RESIDENCE - | | | | | |
| DESCRIPTION | | | | | AMOUNT | |
| YARD MAINTENANCE PEST CONTROL PLUMBING PAINTING KEYS | | | | | 1 4 | 82. 95. 52. 97. 27. |
| TOTAL TO SCHEDULE | E, PAGE 1, L | INE 18 | | | 1,4 | 53. |
| FORM 6198 | ALLOCATION | OF INCOME A | ND AMOUNT AT- | -RISK S | TATEMENT | 14 |
| LRS COMPANY | | | PERCENT | ALLOCATION | | NT |
| DESCRIPTION | INCOME | LOSS | OF LOSS | OF INCOME | AT-RIS | K |
| ORDINARY SCHEDULE E C/O INTEREST | 5. | 840. 2,524. | | 1. 4. | | 0. 0. |
| TOTALS | 5. | 3,364. | 1.000000000 | 5. | | |
| | | | | | | |
| FORM 6198 | ALLOC | ATION OF ALL | OWABLE LOSSES | S S | TATEMENT | 15 |
| LRS COMPANY | | | | | | |
| DESCRIPTION | LOSS | ALLOCATION OF INCOME | ALLOCATION OF AT-RISK | ALLOWABLE LOSS | DISALLOW LOSS | ED |
| ORDINARY SCHEDULE E C/O | 840. 2,524. | 1. | 0. | 1. | 8 2,5 | 39. 20. |
| TOTALS | 3,364. | 5. | 0. | 5. | 3,3 | 59. |
| | | | | | | |



| FORM 6251 PAS | | SIVE ACTIVITIES | | STATEMENT | 16 |
|--------------------------------------|-------|--------------------------------|---------|------------|-----|
| NAME OF ACTIVITY | | NET INCOME (LOSS) AMT REGULAR | | | |
| | FORM | | | ADJUSTMENT | |
| LRS COMPANY LEVINSON-LEVIN | SCH E | -5. | -5. | | |
| PROPERTIES, LLC RENTAL PORTION OF | SCH E | 17,620. | 17,614. | | 6. |
| RESIDENCE - | | 8,546. | 8,444. | 1 | 02. |
| TOTAL TO FORM 6251, L | | | 1 | 08. | |



| FO | RM 6251 | EXEMPTION WORKSHEET | STATEMENT | 17 |
|------|--|--|-----------|-----|
| 1 | MARRIED | 6,700 IF SINGLE OR HEAD OF HOUSEHOLD; \$70,950 IF FILING JOINTLY OR QUALIFYING WIDOW(ER); \$35,475 IED FILING SEPARATELY | 70,9 | 50. |
| 2 | (AMTI) | R ALTERNATIVE MINIMUM TAXABLE INCOME FORM 6251, LINE 29 | | |
| 3 | \$150,000 QUALIFY: FILING \$ | 12,500 IF SINGLE OR HEAD OF HOUSEHOLD; 0 IF MARRIED FILING JOINTLY OR ING WIDOW(ER); \$75,000 IF MARRIED SEPARATELY | | |
| 4 | | LINE 3 FROM LINE 2. IF ZERO OR LESS 35,094. | | |
| 5 | SUBTRACT I ANY OF T AGE 24 A OTHERWIS | LINE 4 BY 25% (.25) | 8,7 | |
| | ENTER YOUR | XEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24 EARNED INCOME, IF ANY | | |
| 10 | | SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, AND GO TO FORM 6251, LINE 31 | | |
| OF | RM 6251 | INTEREST FROM SPECIFIED PRIVATE ACTIVITY BONDS | STATEMENT | 18 |
| ES | CRIPTION | | AMOUNT | |
| IL | ELITY A | | | 18. |
| TO". | AL TO FORM | 6251, LINE 13 | .1 | 18. |